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board certified

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RECEIVED

2012 JUN 21 AM 7:59

FEC MAIL CENTER

May 25, 2012

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

Re: **FEC Identification # C00324780**

**PAC Treasurer change and new Statement of Organization**

Dear Sir or Madam:

We are writing to inform you of a Treasurer change for the *American Academy of Emergency Medicine PAC (FEC #C00324780)*.

Effective May 25, 2012, I (Kevin Beier, MD) have taken over the Treasurer duties, replacing William Little, MD. All other pertinent information remains the same.

Enclosed for your files is our amended PAC Statement of Organization which reflects this change.

Please follow up with Kay Whalen, our Custodian of Records, if there are any additional questions regarding this update.

Regards,

Kevin Beier, MD  
Treasurer  
American Academy of Emergency Medicine PAC

**American Academy of Emergency Medicine**

555 E. Wells St., Suite 1100, Milwaukee, WI 53202-3823

phone: 1-800-884-AAEM • fax: 414-276-3349 • e-mail: info@aaem.org • website: www.aaem.org

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2012 JUN 21 AM 7:59  
FEC Mailbox CENTER

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

American Academy of Emergency Medicine PAC

ADDRESS (number and street)

555 East Wells Street Suite 1100



(Check if address  
is changed)

Milwaukee WI 53202

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address  
is changed)

info@aaem.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

WW



(Check if address  
is changed)

www.aaem.org/aaempac

2. DATE

05 / 25 / 2012

3. FEC IDENTIFICATION NUMBER

C 00324780

4. IS THIS STATEMENT



NEW (N)

OR



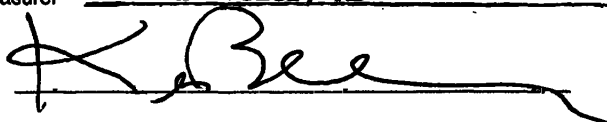
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kevin Beier, MD

Signature of Treasurer



Date

05 / 25 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

12030823360

Write or Type Committee Name

American Academy of Emergency Medicine PAC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Academy of Emergency Medicine

Mailing Address

555 East Wells Street Suite 1100MilwaukeeWI53202

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kay Whalen

Mailing Address

555 East Wells Street Suite 1100MilwaukeeWI53202

Title or Position

CITY

STATE

ZIP CODE

Organizational Director

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of TreasurerKevin Beier, MD

Mailing Address

5102 Yale CourtBrentwoodTN37027

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

12030823361

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&I Bank

Mailing Address

770 N. Water Street

Milwaukee

WI

53202

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Capital One Direct Banking

Mailing Address

PO Box 4197

Houston

TX

77210

4197

CITY


STATE

ZIP CODE

12030823362

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/16/12
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
**PREPARER**  
(3/2005)

6/21/12  
**DATE PREPARED**

12050825563